



## Missouri Pharmacy Program – Preferred Drug List



### 5-HT<sub>1</sub> Serotonin Receptor Agonists (Triptans)

**Effective 06/15/2005**

Revised 01/03/2008

#### **Preferred Agents**

Clinical Edits May Apply

- Imitrex® Nasal Spray
- Imitrex® Tablets
- Imitrex® Kit/Cartridge
- Imitrex® Vial
- Maxalt® Tablets
- Maxalt® MLT
- Relpax®

#### **Non-Preferred Agents**

Clinical Edits May Apply

- Frova®
- Zomig® ZMT
- Zomig® Nasal Spray
- Zomig® Tablets
- Amerge®
- Axert®

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agent(s)	Lack of adequate trial on required preferred agent
Pediatric Patients 12 to 18 years of age – Imitrex Nasal Spray <ul style="list-style-type: none"> <li>&gt; Subject to Clinical Consult</li> <li>&gt; Trial and failure on alternative analgesic</li> <li>&gt; Additional neurology and/or diagnostic testing may be required</li> </ul>	Requests for Triptan therapy will be denied in the absence of approval criteria and under the following conditions: <ul style="list-style-type: none"> <li>&gt; Ischemic heart disease</li> <li>&gt; Peripheral vascular syndromes</li> <li>&gt; Cerebrovascular disease</li> <li>&gt; Malignant hypertension</li> <li>&gt; Concurrent ergot therapy</li> <li>&gt; Concurrent MAOI therapy</li> </ul>
Documented Diagnosis of Migraine in the last 2 years ICD-9 codes 346.0 – 346.9	
Documented ADE/ADR to preferred agent	
Documented trial period for preferred agent	
Documented compliance on current therapy regimen.	
A Triptan prescription will be approved if the quantity per prescription does not exceed the maximum amount needed to treat 4 migraines per month at the maximum daily dose per product labeling. * See appendix-page 2	The patient's prescribed Triptan therapy exceeds the monthly dosage maximum, respective to product and dosage form, during the 30-day period prior to date of service for the new prescription supply. *See appendix
	Drug Prior Authorization Hotline: (800) 392-8030

## APPENDIX

### Maximum Monthly Quantity\*

Product	Brand Name	Available dosages	Maximum Daily Dosage	Maximum Monthly Quantity*
Sumatriptan Injection	<b>Imitrex Inj</b>	6mg/0.5ml	12 mg (1ml)	48mg (4 mL) 8x 0.5ml cartridges
Sumatriptan Tablets	<b>Imitrex</b>	25mg, 50mg, 100mg	200 mg	900 mg: 36 x 25 mg tabs 18 x 50mg tabs 9 x 100mg tabs
Sumatriptan Nasal	<b>Imitrex Nasal Spray</b>	5 and 20 mg unit of use	40 mg	160 mg: 32 x 5 mg spray units 8 x 20 mg spray units
Naratriptan	<b>Amerge</b>	1 mg, 2.5 mg	5mg	20 mg: 20 x 1 mg 8 x 2.5 mg
Zolmitriptan Tablets	<b>Zomig-Tablets, ZMT</b>	5 mg, 2.5 mg 2.5mg	10mg	30 mg: 12 x 2.5 mg tabs 6 x 5 mg tabs
Zolmitriptan Nasal spray	<b>Zomig Nasal Spray</b>	5mg	10mg	40mg 8 x 5mg spray units
Rizatriptan benzoate	<b>Maxalt</b>	5mg, 10 mg	30mg	120 mg: 24 x 5 mg tabs 12 x 10 mg tabs
Rizatriptan benzoate-MLT	<b>Maxalt-MLT</b>			
Almotriptan	<b>Axert</b>	6.25mg, 12.5 mg	25 mg	100 mg: 16 x 6.25 mg tabs 8 x 12.5 mg tabs
Frovatriptan	<b>Frova</b>	2.5 mg	7.5 mg	9 x 2.5 mg tabs
Eletriptan	<b>Relpax</b>	20mg, 40mg	80mg	240mg: 12 x 20mg tabs 6 x 40mg tabs

\* maximum monthly dose calculated at treating 4 episodes per month (excluding Zomig which was calculated at treating 3 episodes per month)